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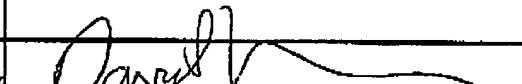
2

Application Number	09/680,630
Filing Date	June 13, 2001
First Named Inventor	David Leason
Art Unit	2686
Examiner Name	Randy PEACHES
Total Number of Pages in This Submission	2
Attorney Docket Number	03607/100J483-US1

## ENCLOSURES (Check all that apply)

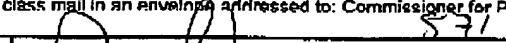
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## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name			
Signature			
Printed name	David Leason		
Date	April 21, 2006	Reg. No.	36,195

## CERTIFICATE OF TRANSMISSION/MAILING

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 S-71-273-8300

Signature	
Typed or printed name	David Leason
Date	April 21, 2006

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APR 21 2006

PTO/SB/82 (01-06)

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<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>		<b>Application Number</b>	09/880,630
		<b>Filing Date</b>	June 13, 2001
		<b>First Named Inventor</b>	David Leason
		<b>Art Unit</b>	2688
		<b>Examiner Name</b>	Randy PEACHES
		<b>Attorney Docket Number</b>	03607/100J483-UE1

**I hereby revoke all previous powers of attorney given in the above-identified application.** A Power of Attorney is submitted herewith.**OR** I hereby appoint the practitioners associated with the Customer Number: 38810 Please change the correspondence address for the above-identified application to: The address associated with Customer Number:**OR** Firm or Individual Name

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I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)***SIGNATURE of Applicant or Assignee of Record**

Signature

Name

David Leason

Date

April 21, 2006

Telephone

212-527-7602

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 \*Total of 1 forms are submitted.

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